



# Energy and Allergies .com

## Client Information

Print Name \_\_\_\_\_ Age: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Known Allergies:

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## Medical History

Do you have epilepsy? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Do you have any scars? \_\_\_\_\_

## Practitioner's Affirmation

I, Steve Pulvermacher, make no claims to diagnose, cure, or treat any diseases or medical conditions.

I, Steve Pulvermacher, will use muscle testing to determine any allergies you may have and treat you with cold laser/soft light therapy to eliminate them from your body. There are times when you may have an intolerance to something and not be an allergy, which means this process may not work.

## Client Informed Consent

I have read and had the opportunity to ask questions about its content and by signing below, I agree to the procedures. I intend this consent form to cover the entire treatment and any future treatments. I hereby release: Energy and Allergies (DBA Allergies BeGone), Steve F. Pulvermacher from any liability for loss, damage, or injury to my person from being treated in this manner. I understand that Steve F. Pulvermacher, makes no guarantee but will use his knowledge and skill to the best of his ability.

## Hold Harmless Clause

Except in the case of gross negligence or malpractice, I, the client, or my representative(s) agree to fully release and hold harmless Energy and Allergies/Allergies Begone LLC/Steve F Pulvermacher from and against any and all claims or liability or whatsoever kind or nature arising out of or in connection with my session(s).

Sign \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_